

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number : 307523.01																				
Application Number : 10/813,963		Filed : March 31, 2004																				
For QUERY PROGRESS ESTIMATION																						
Art Unit : 2165	Examiner : Michael J. Hicks																					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																						
<table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td><b>Fee</b></td> <td><b>Small Entity Fee</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$460</td> <td>\$230</td> <td>\$460.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1050</td> <td>\$525</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1640</td> <td>\$820</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2230</td> <td>\$1115</td> <td>\$</td> </tr> </table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<b>Fee</b>	<b>Small Entity Fee</b>		<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$460.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
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<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>50-0463</u>. I have enclosed a duplicate copy of this sheet.</p>																						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>																						
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input checked="" type="checkbox"/> attorney or agent of record. <b>Registration Number <u>52,275</u></b> . Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.																					
<u>/Pablo Tapia/</u>		February 21, 2008																				
<u>Signature</u>		Date																				
<u>Pablo Tapia</u>		425-707-0058																				
<u>Typed or printed name</u>		Telephone Number																				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																						
<input type="checkbox"/> Total of _____ forms are submitted																						